



Novel Influenza A Virus (H1N1, Swine-like)

Surveillance Form

Section A: Source Information

Date: _____ Form Completed by: _____ Location: _____

Person Interviewed: _____ Relationship to Patient: _____

Section B: Patient Information

Add emergency contact information if hospitalized, in long-term care, or similar

Last Name(s): _____ First Name: _____ MI: _____

DOB: _____ Age: _____ ☐ Years ☐ Months ☐ Days

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Phones: (H) _____ (W) _____ (C) _____

Occupation: _____ Work setting: _____

Emergency Contact Name: _____ Relationship: _____

Contact's Phones: _____

Demographics

Race(s):

- ☐ Am Ind./Alaska Native
- ☐ Asian
- ☐ Black
- ☐ Native Hawaiian/Pac. Isl.
- ☐ White
- ☐ Multiracial

Ethnicity:

- ☐ Hispanic ☐ Non-Hispanic

Gender:

- ☐ Female ☐ Male

Section C: Laboratory Testing Requested / Reported

Sender facility: _____ Phone: _____

Collection date: ____/____/____

DHEC Use ☐ Testing approved by DHEC?

Test	Specimen type	Results
<input type="checkbox"/> RT-PCR	Nasopharyngeal Swab	
<input type="checkbox"/> Viral Culture	Nasopharyngeal Swab	
<input type="checkbox"/> Other:		
Providers: Note results of Rapid Antigen Test if performed in office, ER, etc.		

Section D: Brief Clinical Screening for Influenza-like Illness (ILI) case definition, risk factors, other testing criteria

ILI Symptoms Consistent with H1N1 Case Definition	Patient High Risk Factors
Symptom Onset Date: ____/____/____ <input type="checkbox"/> Fever >100 F/≥37.8 C _____ <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough (Influenza-like illness symptoms are in absence of other known cause)	<input type="checkbox"/> Pregnant <input type="checkbox"/> Age-Related <input type="checkbox"/> Under 5 <input type="checkbox"/> 65 and older <input type="checkbox"/> Under 19 on chronic aspirin therapy <input type="checkbox"/> Chronic pulmonary (including asthma), renal, hepatic, hematological (including sickle cell disease), neurological, neuromuscular or metabolic disorders (including diabetes mellitus) <input type="checkbox"/> Immunosuppression, including that caused by medications or HIV <input type="checkbox"/> Resident of nursing home or other chronic care facility, congregate care setting <input type="checkbox"/> Other:
Progression / Complications	
<input type="checkbox"/> Hospitalized Hosp. Admission date ____/____/____ <input type="checkbox"/> ICU <input type="checkbox"/> ER/ED Where: _____ <input type="checkbox"/> Other complications:	
<input type="checkbox"/> Deceased Date of death ____/____/____	

Section E (DHEC Use): Case Status for Data Entry

Case Definitions: www.cdc.gov/h1n1flu/casedef.htm

☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown / Unable to determine

Providers: Fax this form to the Regional DHEC Epi Office prior to submitting specimens for DHEC Lab Testing. DHEC's current testing criteria and Regional Epi Office numbers are at: www.scdhec.gov/health/disease/han/docs/DHA-Swine-9.pdf.

DHEC Regional Staff: This form is to be faxed to the SC DHEC Division of Acute Disease Epidemiology, 803-898-0897.

Novel Influenza A Virus (H1N1, Swine-like) Surveillance Form

Purpose: This form is used to collect surveillance data on possible cases of Novel Influenza A (H1N1, swine-like). Its use facilitates case status determination, case reporting. It also provides members of the Regional Outbreak Response Team with information sufficient to authorize laboratory testing for members of targeted high risk groups.

Form is completed by: Non-DHEC staff who provide surveillance information regarding possible cases of H1N1, including those for whom laboratory testing is requested, and
DHEC staff who record case reports, track lab testing results, and make case determinations prior to use of this form for case reporting.

Section A: Source Information.

Enter the date of the form's completion and by whom completed, source for information with that person's relationship to the patient (enter "self" if the patient is the interviewee, and location of interview (health department, office, hospital, phone, etc.)

Section B: Patient Information.

Enter the requested demographic information. If the patient is hospitalized or living in a congregate care setting (long-term care facility or similar), enter emergency contact information.

Section C. Laboratory Testing Requested / Reported

Collection date must be completed for any cases where testing is requested.

If completed by a provider: Enter the testing for H1N1 requested from the DHEC Bureau of labs or other commercial lab. If results of a rapid flu antigen test are available, enter these.

If completed by DHEC (used as a surveillance form): Enter results reported by provider, BOL, CDC or commercial laboratory.

Section D: Brief Clinical Screening for Influenza-like Illness (ILI) case definition, risk factors, other testing criteria

ILI Symptoms Consistent with H1N1 Case Definition

Symptom onset date must be entered for all persons for whom lab testing is requested. It should also be entered for other cases.

Check symptoms reported that are from the CDC influenza-like illness case definition.

Progression/Complications

Complete surveillance data on any hospitalizations, ER visits or fatalities. (Additional data collection forms will be used by DHEC for further surveillance on hospitalized or fatal cases.)

Patient High-Risk Factors

Note any risk factors for influenza complications that are present in this patient. DHEC staff may use this section to determine priorities for limited testing resources.

Section E (DHEC Use): Case Status for Data Entry

DHEC staff will check the appropriate box for case status prior to submitting this form to the Division of Acute Disease Epidemiology for data entry/reporting to CDC.

Disposition: as noted in footer below. Form will be maintained in the Division of Acute Disease Epidemiology for two years unless part of an indentified cluster/outbreak, in which case it will be maintained for five years.